

59th Medical Wing



59 MDW Dermatology Product Line Analysis Clinic Input

Information Brief

Briefer: Lt Col Jay Viernes

Date: 25 Aug 04

Integrity - Service - Excellence

Overview

- Current/Future Problem Areas
- Possible Solutions
- Support Requirements from 59 MDW/SA-MM
- Initial Clinic Business Rules

Areas of Concern

Current/Future Problem Areas

- No current problems with consult mgmt process or ability to see WH-enrolled Prime patients
 - Adequate GME cases with current mix of Prime and Space-A patients
- Possible future problems:
 - “Medicare” documentation and supervision “rules”
 - Follow-up appointment booking by CAMO?

Areas of Concern

Current/Future Problem Areas

- CMS* Supervision “Rules”
 - Carrier Manual Instructions (CMI), Section 15016, “Supervising Physician in Teaching Settings”
 - Require:
 - physical presence of staff provider for EVERY pt seen by resident
 - a significant portion of the note be written by the supervising / staff physician
 - IF required by DoD teaching MTFs, will affect:
 - # of pts able to be seen by a clinic
 - quality of “education” for residents

*CMS=Centers for Medicare and Medicaid Services (formerly “HCFA” or Health Care Finance Administration)

Areas of Concern

Current/Future Problem Areas

- Follow-Up Appt Booking by CAMO?
 - CAMO unable to understand specific clinic requirements for multitude of various appointment types, by clinic
 - Increased risk for pt being booked in wrong appt type
 - Decreased customer service

Possible Solutions

- CMS Supervision Rqmts
 - Need official DoD guidance on interpretation of CMS rules
 - Use VA Guidance (VHA Directive 2004-009, 19 Mar 04, “Revised Billing Guidance for Services Provided by Supervising Practitioners and Residents”)
 - “...teaching physician billing rules do not apply to physicians in VA”

“Revised Billing Guidance for Services Provided by Supervising Practitioners and Residents”

(VHA Directive 2004-009 (Mar 19, 2004))

- Provides guidance for billing insurance carriers for care provided by medical practitioners in teaching environment
 - Assumes residents are “properly supervised”
- Recognizes requirement for teaching provider “presence” and specific documentation for facilities receiving GME support \$\$\$
- Recognizes that VA facilities do NOT receive Direct Medical Education (DME) or IME funds from CMS
- Given above, states that VA obtained CMS “permission” to:
 - waive billing “rules” for physicians seeing pts in VA setting
 - exempt residents from enrolling in Medicare in order to file an insurance claim
- Updated their Resident Supervision handbook to include documentation reqmts (less stringent)

Possible Solutions (cont)

- F/U Appt Booking
 - Clinics may request CAMO assistance as needed
 - Request individual clinics maintain control
 - “Right Time, Right Patient”
 - Possibly more customer friendly

Support Requirements

- No change to current support manpower authorizations

Initial Clinic Business Rules

FOCUS AREAS

- ACCESS
- CONSULT MANAGEMENT
- CODING

Initial Clinic Business Rules

ACCESS

- Measure / Track Demand (new consults and follow-ups)
 - Know Prime and “GME cases not met by Prime” population
 - Supply (# appts) \geq Demand
 - Use pseudo-“open access” model if able
- Establish / Manage Clinic Schedule
 - Balance didactic schedule with need for clinic appts
 - If demand exceeds # appts, adjust schedule/templates
 - Ensure staff : resident supervision ratio satisfies RRC rqmts
 - Use “provider-scheduled” procedure and f/u clinics
 - Flight CC reviews ALL schedules prior to publishing
 - No changes allowed without flight CC approval
 - Load schedules min 4-6 weeks ahead

Initial Clinic Business Rules

CONSULT MGMT

- Establish clinic process for seeing routine vs non-routine priority pts
 - Educate all staff on process
 - Advertise this process to all referring clinics/providers
- A provider, not admin staff, reviews ALL new electronic consults
 - Must FIRST screen each routine priority consult for eligibility
- Flight CC/Clinic Chief will actively manage “access to care” for new consults
 - Check “next available” appt for each appt type
 - Communicate clinic access timeline with consult reviewers BEFORE they accept consult as “appoint to MTF”
- Monitor completion of consult documentation

Initial Clinic Business Rules

CODING

- Educate all provider staff on documentation requirements
 - Establish new and on-going training
- Use templates to assist providers in satisfying documentation rqmts (for both coding & JCAHO)
- Establish record flow process to ensure all records are coded
 - Staff providers will review / sign ALL resident notes
 - Monitor number of records coded; goal > 95%
 - Monitor data quality audit results
- Consider the “coder” a member of clinic staff

Provider: ELLISON, PATRICK M

Date/Time: 24 Aug 2004 0928

Appt Type: EST\$

MEPRS: BAPA

Requested by:

Allergies:

☐ DD Form 2569 (Completed)

TIME IN:

TIME OUT:

CC:

☐ New ☐ Established ☐ Consult

HPI: Location, quality, severity, duration, timing, context, modifying factors, associated signs/sx

(Coding info: BRIEF: 1-3 EXTENDED: 4+)

ABBREVIATIONS:

ACD=Allergic Contact Dermatitis
AK=Actinic Keratosis
BCC=Basal Cell Carcinoma
C&D=Curettage & Desiccation
DF=Dermatofibroma
Dz=Disease
ED&C=Electrodesiccation & Curettage
EIC=Epidermal Inclusion Cyst
FBSE=Full Body Skin Exam
H&E=Hematoxylin & Eosin
IDN=Intradermal Nevus
IF=Immunofluorescence
KOH=Potassium Hydroxide
LN2=liquid nitrogen
MM=Malignant Melanoma
MMIS=MM In-Situ
Nd:YAG=Neodymium:Yttrium-Aluminum-Garnet
NMSC=Non-Melanoma Skin Cancer
NUB=Neoplasm of Uncertain Behavior
PAS=Periodic-Acid-Schiff
PDL=Pulse Dye Laser
SCC=squamous cell carcinoma
Seb=Seborrheic
SK=Seborrheic Keratosis
TNTCs=Too Numerous To Count
Tx=Treat

REVIEW OF SYSTEMS: (CIRCLE systems discussed; EXPLAIN abnl findings only) Fever/Chills, Fatigue, Wt loss, Nausea/Vomiting, Skin, ENT, Eyes, Cardiovascular, Lung, GI, GU, Neuro, Musculoskeletal, Hematologic, Psychiatric, Endo, Immunology



Does pt have pain? YES NO IF YES, ___ out of 10
Intervention: _____

0 2 4 6 8 10 (ages 2 months – under 7 yrs)
none little more More Lot **WORST!**

MEDS:

PHYSICAL EXAMINATION: (Coding info: Prob Foc = 1 to 5; Exp PF = 6 to 11; Detailed = at least 12; Comp = All)

Neg Pos (if checked, must document the specific positive/abnl findings)

☐ ☐ General appearance / Orientation / Mood, Affect

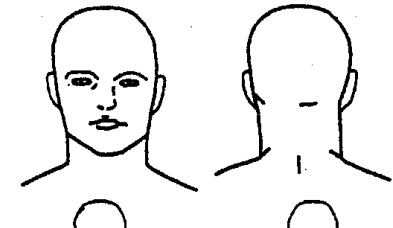
☐ ☐ Conjunctivae, lids

☐ ☐ Lips, teeth, gums / Oropharynx

☐ ☐ Thyroid

☐ ☐ Lymph nodes

☐ ☐ Liver, spleen / Anus



Chronological Record of Medical Care (Standard Form 600)

Does pt have pain? YES NO IF YES, ___ out of 10
Intervention: _____

0 2 4 6 8 10 (ages 2 months – under 7 yrs)
none little more More Lot **WORST!**

MEDS:

PHYSICAL EXAMINATION: (Coding info: Prob Foc = 1 to 5; Exp PF = 6 to 11; Detailed = at least 12; Comp = All)

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☐ ☐ General appearance / Orientation / Mood, Affect

☐ ☐ Conjunctivae, lids

☐ ☐ Lips, teeth, gums / Oropharynx

☐ ☐ Thyroid

☐ ☐ Lymph nodes

☐ ☐ Liver, spleen / Anus

☐ ☐ Nail, digits

☐ ☐ Peripheral Vascular Exam

SKIN ELEMENTS (12)

☐ ☐ Scalp and/or Hair

☐ ☐ Head, includes ears & face

☐ ☐ Neck

☐ ☐ Chest, includes breasts, axillae

☐ ☐ Abdomen

☐ ☐ Genitals; Groin; Buttocks

☐ ☐ Back

☐ ☐ Upper Extremity Left / Right

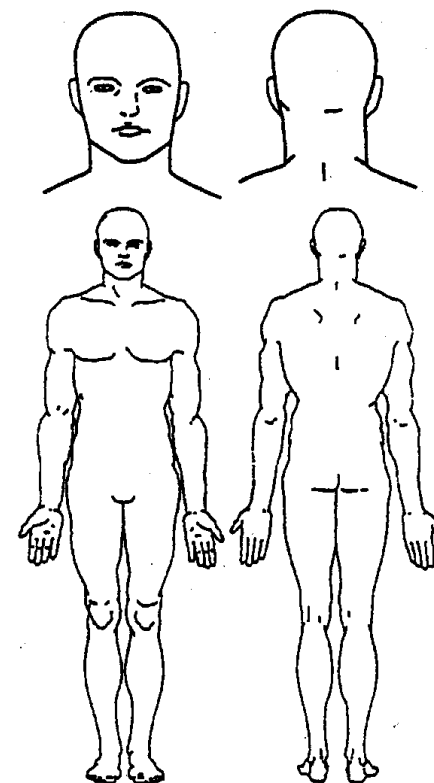
☐ ☐ Lower Extremity Left / Right

☐ ☐ Glands, eccrine or apocrine

PMHx:

FAMILY Hx:

SOCIAL Hx:



(OVER)

Patient: JOSEPH P III FMP/SSN: 30/41946 PATCAT: USA Rank: DOB: 11/12/ Sex: F Hm Ph: 210
Sponsor: 1 Unit: RR: OPR CAMP BULLIS Wk Ph: 494

STANDARD FORM 600 (Rev. 6-97) BACK

Medical Decision Making

ASSESSMENT and PLAN:

☐ Reviewed medical record

☐ Reviewed CHCS / ICDB data

☐ Medical record not available

☐ Follow-up _____ (ADR scheduled / yellow or blue slip given) **OR** ☐ Follow-up with PCM _____

☐ Destruction of _____ X # _____ as described above using cryosurgery .

☐ Verbal consent for SHAVE / PUNCH; BIOPSY / REMOVAL _____ mm obtained: area cleansed and anesthetized with 0.5% buffered (1:10 sodium bicarbonate) lidocaine with epinephrine 1:200,000.
Aluminum Chloride hemostasis OR closure with _____ suture; petrolatum, bandage and post care education discussed.

☐ Other:

- ☐ Discussed plan with patient &/or primary caretaker
- ☐ Patient &/or primary caretaker verbalizes understanding.
- ☐ Barriers to learning identified? Yes No If Yes, explain: _____
- ☐ Sun protection / Skin cancer education / Self-skin examination / Dry skin care education
- ☐ Pt instructed to contact clinic with any questions/concerns
- ☐ Potential side effects of medication / treatment/ procedure discussed with patient
- ☐ Will review results with patient at return visit / by telephone
- ☐ Informed pt to discontinue meds if pregnant or if develops unusual symptoms
- ☐ Handouts given/ discussed with patient

☐ Adverse drug reaction to: _____

Type of reaction: _____

☐ Potential drug interactions discussed: _____

☐ Reportable Disease _____

☐ Pt referred to PCM for pain or other (specify): _____

☐ Nutrition Referral Sent? (If pt deemed "at risk") Yes No
If No, explain: _____

☐ For **CONSULTS**: Note/visit documented on electronic SF513

STAFFED WITH: _____

STAFF (if applicable):

At this visit, I supervised the resident AND,

☐ I saw and evaluated the patient

☐ I agree with the resident's H&P and plan
of care as documented in the resident's note.

☐ I discussed case with the resident.

☐ I was physically present for the
key portions of the procedure.

GENERAL DERM CLINIC VISIT (08/04)